

Alaska Medicaid Tobacco Treatment Coverage

Health Care Provider's Guide

Prepared by State of Alaska Tobacco Prevention and Control Program

Did You Know?

- Tobacco dependence treatment is a covered benefit for Medicaid recipients.
- Patients don't need to be enrolled in tobacco cessation counseling to receive medication.
- Medicaid recipients are often not aware of treatments available to them.
- Smoking rates among adult Medicaid recipients (35%) are higher than the general population (21%).
- Chances of quitting successfully are **four times** higher with medication and counseling.

Covered Counseling and Reimbursement

Physicians and mid-level practitioners are eligible for reimbursement of tobacco cessation counseling.

Intermediate: for 3 to 10 minutes

Code	Role	Amount
99406	Physician	\$24.10 (maximum allowed)
99406	Mid-level	\$24.10 (maximum allowed)

Intensive: for over 10 minutes

Code	Role	Amount
99407	Physician	\$46.96 (maximum allowed)
99407	Mid-level	\$46.96 (maximum allowed)

Covered Medications

Nicotine Gum:	2,079 units
Nicotine Lozenges:	2,520 units
Nicotine Patches:	180 patches
Chantix®:	360 tablets

- Must be prescribed by a physician, advanced nurse practitioner, or physician's assistant
- Accommodates maximum daily utilization of a product for 3 months AND
- Followed by a tapering period of no more than 3 months

Pharmacists can now be reimbursed for tobacco cessation counseling.

- If out-patient medication and tobacco cessation counseling is prescribed by a physician or mid level practitioner.
- If the pharmacist has documented tobacco cessation training.
- If counseling is in person for at least 3 and up to 10 minutes.
- If counseling is documented in the patient's record.

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Tobacco dependence should be treated as a chronic disease. Even without providing medications, a brief interactive counseling intervention can **double** quit rates among tobacco users who want to quit.

Every Time Do Ask, Do Tell (5As)

Ask all patients if they are current, former, or never tobacco users

Advise all tobacco users to quit

Assess all tobacco users' willingness to quit

Assist with medication and counseling as needed

Arrange for follow-up soon after quit date

If Tobacco User Isn't Willing to Quit

Ask the tobacco user to identify (5Rs)

Relevance – Personal reasons to quit

Risks – Negative consequences of using tobacco

Rewards – Potential benefits of stopping

Roadblocks – Barriers

Repetition – At every clinical visit

Alaska's Tobacco Quit Line

Alaska's Tobacco Quit Line (**1-800-QUIT-NOW**) provides free individualized counseling and nicotine replacement therapy (NRT) for all Alaskans. It is an excellent treatment extender to what you provide in your office. The Fax to Quit referral program is quick and easy to use.

http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/quitline/TobaccoFreeAlaska_FaxReferralForm_Cessation.pdf

Advise all tobacco users to quit using a clear, strong, personalized message:

“I need you to know that quitting tobacco is the most important thing you can do to protect your health.”

For More Information

The Alaska Medical Assistance Provider Billing Manuals
<http://manuals.medicaidalaska.com/physician/physician.htm>
(search tobacco)

Alaska Tobacco Prevention and Control Program Websites
tobaccofree.alaska.gov
alaskaquitline.com

For a free online brief tobacco intervention training, visit
www.akbriefintervention.org

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QUIT LINE
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